

GCSE 2004

June Series



Mark Scheme

History Specification A Paper One (3041/3046)

Mark schemes are prepared by the Principal Examiner and considered, together with the relevant questions, by a panel of subject teachers. This mark scheme includes any amendments made at the standardisation meeting attended by all examiners and is the scheme which was used by them in this examination. The standardisation meeting ensures that the mark scheme covers the candidates' responses to questions and that every examiner understands and applies it in the same correct way. As preparation for the standardisation meeting each examiner analyses a number of candidates' scripts: alternative answers not already covered by the mark scheme are discussed at the meeting and legislated for. If, after this meeting, examiners encounter unusual answers which have not been discussed at the meeting they are required to refer these to the Principal Examiner.

It must be stressed that a mark scheme is a working document, in many cases further developed and expanded on the basis of candidates' reactions to a particular paper. Assumptions about future mark schemes on the basis of one year's document should be avoided; whilst the guiding principles of assessment remain constant, details will change, depending on the content of a particular examination paper.

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GENERAL CERTIFICATE OF SECONDARY EDUCATION
HISTORY SPECIFICATION A



A: INTRODUCTION

- **Consistency of Marking**

Consistency of marking is of the essence in all public examinations. This factor is particularly important in a subject like History which offers a choice of specifications and a choice of options within them. It is therefore of vital importance that assistant examiners apply this marking scheme as directed by the Principal Examiner in order to facilitate comparability with the marking of all the other History specifications and options offered by the AQA.

- **The Assessment Objectives**

The revised specifications have addressed subject content through the identification of ‘key questions’ which focus on important historical issues. These ‘key questions’ give emphasis to the view that History is concerned with the analysis of historical problems and issues, the study of which encourages all candidates, but particularly the more able, to make judgements grounded in evidence and information. For this reason, assessment objective 6.1 (recall, select and deploy knowledge) underpins candidate attainment in the other two objectives, 6.2 and 6.3.

The schemes of marking for the revised specifications reflect these underlying principles.

- **Levels of Response Marking Schemes**

The mark scheme which follows is of the ‘levels of response’ type showing that candidates are expected to demonstrate their mastery of historical skills in the context of their knowledge and understanding of History. All candidates take a common examination paper – there is no tiering. Consequently, it is reasonable to expect to encounter the full range of attainment and this marking scheme has been designed to differentiate candidates’ attainment by **outcome** and to reward **positively** what the candidates know, understand and can do.

Before scrutinising and applying the detail of the specific mark scheme which follows, assistant examiners are required to familiarise themselves with the instructions and guidance on the general principles to apply in determining into which level of response an answer should fall and in deciding on a mark within that particular level.

Good examining is, ultimately, about the **consistent application of judgement**. This mark scheme provides the necessary framework for exercising that judgement but it cannot cover all eventualities. This is especially so in a subject like History, which in part relies upon different interpretations and different emphases given to the same content.

B: QUESTION TARGETS & LEVELS OF RESPONSE

- **Question Targets**

The mark scheme for each question is prefaced by an assessment objective ‘target’. This is an indication of the skill which it is expected candidates will use in answering the question and is directly based on the relevant assessment objectives. However, it does not mean that other answers which have merit will not be rewarded.

- **Identification of Levels of Response**

There are several ways in which any question can be answered – in a simple way by less able candidates and in more sophisticated ways by candidates of greater ability. In the marking scheme different types of answers will be identified and will be arranged in a series of levels of response.

Levels of response have been identified on the basis that the full range of candidates entered for the GCSE examination will be able to respond positively. Each ‘level’ therefore represents a stage in the development of the candidate’s **quality of thinking**, and, as such, recognition by the assistant examiner of the relative differences between each level descriptor is of paramount importance.

- **Placing an answers within a Level**

When marking each part of each question, examiners must first place the answer in a particular level and then, and only then, decide on the actual mark within the level, which should be recorded in the margin. **The level of response attained should also be indicated at the end of each answer.** In most cases, it will be helpful to annotate the answer by noting in the margin where a particular level has been reached, e.g. Level 1 may have been reached on line 1, L3 on line 5 and L1 again on line 7. When the whole answer has been read and annotated in this way, the highest of the Levels **clearly attained** and **sustained** should be awarded. Remember that it is often possible to reach the highest level **without** going through the lower levels. Marks are **not cumulative** for any question. There should be no ‘totting up’ of points made which are then converted into marks. Examiners should feel free to comment on part of any answer if it explains why a particular level has been awarded rather than one lower or higher. Such comments can be of assistance when the script is looked at later in the awarding process.

If an answer seems to fit into two or more levels, award the higher or highest level.

- **What is a sustained response?**

By a **sustained response**, we mean that the candidate has **applied** the appropriate level of thought to the **particular issues** in the sub-question.

A response does not necessarily have to be sustained throughout the whole answer, but an answer in which merely a few words seem to show a fleeting recognition of historical complexity is not sufficient to attain a higher level.

In some cases, as you read an answer to a sub-question, it will be clear that particular levels have been reached at certain points in the answer. If so, remember to identify them in the margin as you proceed. At the end of the sub-question, award the highest level that has been sustained.

In other cases you may reach the end of the sub-question without having been able to pinpoint a level. In such cases, simply record the level awarded at the end of the sub-question.

C: DECIDING ON MARKS WITHIN A LEVEL

A particular level of response may cover a range of marks. Therefore, in making a decision about a specific mark to award, it is vitally important to think *first* of the **mid-range within the level**, where that level covers more than two marks. If the range covers an even number of marks, start at the higher mark, e.g. start at 3 in a 4-mark range, or at 2 in a 2-mark range. Comparison with other candidates' responses **to the same question** might then suggest that such an award would be unduly generous or severe.

In making decisions away from the middle of the level, examiners should ask themselves several questions relating to candidate attainment. The more positive the answers, the higher should be the mark awarded. We want to avoid “bunching” of marks. Levels mark schemes can produce regression to the mean, which should be avoided. At all times, therefore, examiners should be prepared to use **the full range of marks** available for a particular level and for a particular question. Remember – mark **positively** at all times.

Move up or down from this mid-range mark by considering whether the answer is:

- precise in its use of supporting factual information.
- appropriately detailed.
- factually accurate.
- appropriately balanced, or markedly better in some areas than in others.
- set in the historical context as appropriate to the question.
- displaying appropriate **written communication skills** (see Section D).

Note about Indicative Content.

The mark scheme provides **examples of historical content** (indicative content) which candidates may deploy in support of an answer within a particular level. Do bear in mind that these are **only examples**; exhaustive lists of content are not provided so examiners might expect some candidates to deploy alternative information to support their answers.

This indicative content must **not** however determine the level into which an answer is placed; **the candidate's level of critical thinking determines this**. Remember that the **number** of points made by a candidate may be taken into account only **after** a decision has been taken about the quality (level) of the response.

- **Some things to remember**

Mark positively at all times.

It is very important that Assistant Examiners **do not** start at the lowest mark within the level and look for reasons to increase the level of reward from that lowest point. This will depress marks for the question paper as a whole and will cause problems of comparability with other question papers within the same specification or with those of other specifications.

Do **not** be afraid to award maximum marks within a level where it is possible to do so. Do not fail to give a maximum mark to an appropriate answer because you can think of

something (or the marking scheme indicates something) that **might** be included but which is missing from the particular response.

Do **not** think in terms of a model answer to the question. Every question should be marked on its merits.

If in doubt about a mark, a little generosity is the best policy. As a general rule, give credit for what is accurate, correct or valid.

Under no circumstances should you reduce a mark, or more importantly, the notional maximum for a question, **solely** because of the existence of an **error** or an **inaccuracy**. For instance, do **not** think “I have what is really a good answer here that has a lot in it and deserves Level 3. It does, however, include a very silly mistake and therefore I will give it only 8 marks instead of 10 marks”.

Obviously, **errors can be given no credit** but, at the same time, the existence of an error should not prejudice you against the rest of what could be a perfectly valid answer.

If it is possible to ignore the mistake, do so and pretend that it does not exist. On the other hand, if the error devalues the rest of what is said, it cannot be ignored.

It is important, therefore, to use the full range of marks where appropriate.

Do not use half marks.

D: *QUALITY OF WRITTEN COMMUNICATION SKILLS*

There is no longer a separate mark to be awarded to the candidate for accurate spelling, punctuation and grammar. Instead, as outlined in Section C above, the candidate’s quality of written communication skills will be one of the factors influencing the actual mark within a level of response the examiner will award an answer – particularly a more extended one. In reading an extended response the examiner should therefore consider if it is cogently and coherently written, i.e. is the answer:

- **presenting relevant information in a form that suits the purpose**
- **legible, with accurate spelling, punctuation and grammar**
- **in an appropriate style with a suitable structure?**

E: *SOME PRACTICAL POINTS*

- **Answers in note form**

Answers in note form to any question should be credited in so far as the candidate’s meaning is communicated. You must not try to read things into what has been written.

- **Diagrams, etc**

Credit should be given for information provided by the candidates in diagrams, tables, maps etc., provided that it has not already been credited in another form.

- **Answers which run on to another sub-section**

If a candidate starts to answer the next sub-section in an earlier one, by simply running the answer on, give credit for that material in the appropriate sub-section.

- **Answers which do not fit the marking scheme**

Inevitably, some answers will not fit the marking scheme but may legitimately be seen as worthy of credit. Assess such answers in terms of the difficulty/sophistication of the thought involved. If it is believed that the “thought level” equates with one of the levels in the marking scheme, award it a corresponding mark.

Make sure you identify such cases with an A (for alternative) in your sub-total, e.g. as B2A/3. Also write a brief comment to explain why this alternative has been awarded.

If in doubt, **always** telephone your Team Leader for advice.

F: THE PRE-STANDARDISING AND STANDARDISING MEETING

- **The review of the mark scheme between the examination and standardising meeting**

After the examination but before the main Standardising Meeting, the Principal Examiner and the Team Leaders will have met to discuss the mark scheme in the light of candidates’ actual responses and re-draft where necessary. The re-draft of the mark scheme will be made available to Assistant Examiners at the Standardising Meeting. Through this *post-hoc review procedure* the marks will have been allocated in the expectation that candidates will achieve all the levels identified and no others. Adjustments will have been made to cater for candidates reaching higher levels than those provided for, to remove marks allocated to levels which candidates have not reached, or to enhance discrimination in cases where large numbers of candidates are bunched at the same level.

- **Prior Marking**

It is important that all examiners scrutinise at least 25 scripts before the main standardising meeting and note such things as: alternative interpretations of questions made by candidates; answers which do not fit into the mark scheme; levels which are not reached by the candidates; additional levels which have not included in the mark scheme, etc. To familiarise themselves with a variety of responses, examiners should sample the range of questions scripts from several centres and across the full range of ability in so far as practicable. Any preliminary marking **must** be completed in pencil and reviewed following the standardising meeting in the light of the revised mark scheme and advice given.

- **The Final Mark Scheme**

The final mark scheme will be decided at the standardising meeting after full discussion of both the mark scheme and the scripts selected by the Principal Examiner for marking at the standardising meeting. At all stages, care will be taken to ensure that all candidates are treated fairly and rewarded for their positive achievements on the paper.

- **Post Standardising Meeting**

After the examiners' standardising meeting, examiners may encounter answers which do not fit the agreed mark scheme but which are worthy of credit. These should be discussed with the Team Leader over the telephone. Such answers should be assessed in terms of the difficulty/sophistication of the thought involved. If it is believed that the "thought level" equates with one of the levels in the mark scheme, it must be awarded a corresponding mark, with a brief note provided on the script to explain why.

PAPER 1 MEDICINE AND PUBLIC HEALTH THROUGH TIME**Question 1**

- (a) How does **Source A** help you to understand the importance of religion in treating sick people in the early Middle Ages? (5)

Target: Comprehension and inference from an historical source (AO6.2)

- Level 1: Answer that selects details** 1-2
e.g. people were told to do everything in God's name.
- Level 2: Answer that draws a simple inference from source** 3-4
e.g. religion was more important than herbs because it says you should not just trust herbs, but use religion as well.
- Level 3: Answer that develops a complex inference from source** 5
e.g. monks knew everything about herbs and treating people who were ill. They believed everything was made by God so cures came from God. This made religion very important. Without it they did not think they would be successful.

- (b) **Source B** shows a hospital nearly a thousand years later.
How does it show that religion was still important in the treatment of the sick?
Explain your answer using **Source B and your own knowledge.** (6)

Target: Identifying continuity using two historical sources (AO6.1 and AO6.2)

Level 1: Answer that describes the content 1-2

e.g. Source B shows there is a crucifix in the hospital and there is a man kneeling to pray, so religion was still important in this hospital.

Level 2: Answer that provides an inference 3-4

e.g. most of the people looking after the sick look like nuns. This hospital depended on nuns who were religious people, so this means religion must still have been important in the treatment of the sick.

Level 3: Answer that sets the source in the context of historical knowledge 5-6

e.g. Source B shows how religion continued to be important nearly a thousand years later as the patients are being looked after by the nuns naturally with food and drink, but the crucifix shows how praying and the supernatural were still important.

N.B. In Level 3 knowledge can only be rewarded if a valid reference to the source has been made.

In the assessment grid, 2 out of 6 marks are allocated to Assessment Objective 6.1. This is reflected in the mark scheme with credit given for own knowledge in Level 3.

- (c) **Source C** states that the Roman Catholic Church banned the dissection of human bodies. **Source D** shows a dissection taking place after the ban. Does **Source D** mean that **Source C** is wrong? Explain your answer using **Sources C and D and your own knowledge.** (9)

Target: Explaining differences between two sources (AO6.1 and AO6.2)

Level 1: Answer that describes the content 1-2
e.g. Yes. Source C says dissection must stop, but Source D shows this did not happen.

Level 1: (alternative): General statements 1-2
e.g. The Pope might not have been able to enforce the ban so Source C is not wrong.

Level 2: Answer that makes an inference from the source(s). 3-5
e.g. No. Source C is an order affecting the Catholic church. There is nothing in Source D to show whether these people were in the Catholic church.

Level 3: Answer that considers source type to make a decision 6-7
e.g. Source C is an order for the future. This does not mean that it was ever carried out. Source D is from a training book which shows a doctor dissecting a body 16 years later. Just because it is a training book does not necessarily mean it happened. It shows what was supposed to happen in training, so Source D does not mean Source C is wrong.

Level 4: Answer that sets the sources in the context of knowledge 8-9
e.g. The order from Pope Boniface was never successfully carried out and dissections continued, although the church did not like this. However, dissections were really only carried out to help doctors understand Galen's ideas on the body. This can be seen in Source D where the doctor is pointing out what Galen wrote for his assistant to find: Source C does not mean Source D is wrong.

N.B. Knowledge can only be rewarded if a valid reference to the source(s) has been made.

The answer must have a clear decision to be valid at any level.

In the assessment grid, 2 out of 9 marks are allocated to Assessment Objective 6.1. This is reflected in the mark scheme with credit given for own knowledge in Level 4.

- (d) Read the following statement and then answer the question which follows.
'The impact of religion meant that there was no progress in medicine during the Middle Ages.'
Use **the sources and your own knowledge** to explain why you agree or disagree with this interpretation. (15)

Target: Evaluating an interpretation of the past (AO6.1 and AO6.3)

Level 1: Simple answer that extracts information from the source(s) to agree and/or disagree 1-3

e.g. I think it is true because Source B shows patients were being treated in the same ways as in Source A, a thousand years earlier.

OR

Answer that makes general or simple statements from own knowledge

e.g. I disagree because Arab doctors discovered the difference between measles and smallpox.

Level 2: Simple answer that extracts information from the source(s) and own knowledge 4-8

e.g. Both Level 1 examples in the same answer.

OR

Answer that develops one or more points using source(s) or own knowledge

e.g. In Source A the writer tells people that their medicine will only work if they also pray to God, and in Source B it shows nuns giving medicine and also praying to God, so nothing changed during the Middle Ages.

e.g. In Europe there was a lot of superstition and people believed they could be cured by praying to God and touching the relics of saints. They often did this instead of looking for natural cures, so medicine did not progress.

N.B. Standard mark is **6**.

Mark at the top of level answers which also make an explicit supported judgement.

Level 3: Answer that develops one or more points using source(s) and own knowledge **9-12**

e.g. Both second Level 2 examples in the same answer.

Mark at the bottom of the level answers which are developed on one side only.

N.B. Standard mark is **10**.

Level 4: As Level 3 but with an explicit supported judgement. **13-15**

e.g. In the Middle Ages the church held medicine back by encouraging people to pray to cure illness, rather than look for natural cures, as Source A shows. Source C shows the church also tried to ban dissection so little could be learnt about the body. However, medicine did progress in the Islamic empire. The Islamic religion kept alive the ideas of the Greeks and Romans on natural cures and doctors like Avicenna wrote new books on medicine. So Christianity held back medicine during the Middle Ages, but Islam encouraged doctors to make progress.

Mark at the bottom of the level answers which are developed on one side only.

N.B. Answers using recall only: maximum 7 marks.
Answers using the sources only: maximum 8 marks.

In the assessment grid, 7 out of the 15 marks are allocated to Assessment Objective 6.1. This is reflected in the mark scheme with credit given for own knowledge by itself in Levels 1 and 2.

Question 2

- (a) What does **Source E** tell you about Egyptian ideas about disease? (3)

Target: Comprehension and inference from an historical source (AO6.2)

Level 1: Answer that selects detail 1-3

e.g. they thought the body worked a bit like the River Nile. If a person had a disease the body became blocked. It had to be unblocked for the patient to get better.

mark for each valid detail described.

Level 2: Answer that draws a simple inference from the source 3

e.g. They had a natural approach because they thought disease was a blockage which could be treated through unblocking by vomiting.

- (b) How much did ideas about disease change during ancient times (10000 BC – AD 500)? (12)
Support your answer with reasons and examples.

Target: Assessing change in medicine (AO6.1)

Level 1: Generalised answer 1-3

e.g. There was a great change because people moved from supernatural to natural explanations.

Mark here answers using Source E only.

Level 2: Answer that gives example(s) of change or lack of change 4-6

e.g. During prehistoric times there was not much change because skulls were trepanned for thousands of years. Later the Greeks thought of the theory of the four humours.

Level 3: Answer that gives example(s) of change and lack of change 7-9

e.g. During prehistoric times there was not much change because skulls were trepanned for thousands of years. This suggests there was no change in the belief that disease was caused by evil spirits in the head. Ideas began to change with the Egyptians and their ideas about blockages in the body. This was followed by an important change in the Ancient World when the Greek theory of the four humours was developed which rejected supernatural causes in favour of natural causes.

Level 4: As Level 3 but with an explicit supported judgement 10-12

Such answers will emerge from Level 3 answers and might e.g. explain how change was not a constant feature of medicine in the Ancient World.

Question 3

- (a) What does **Source F** tell you about the work of Ambroise Paré? (3)

Target: Comprehension and inference from an historical source (AO6.2)

Level 1: Answer that selects detail 1-3

e.g. Paré worked as a surgeon in the French army. He replaced oil with his own ointment to treat gunshot wounds. He was successful as he let nature take its course.

1 mark for each valid detail described.

Level 2: Answer that draws a simple inference from the source 3

e.g. Paré was willing to look for new methods when he could not use traditional ones.

- (b) How important has war been as a factor in the development of medicine through time? (12)
Support your answer with reasons and examples.

Target: Assessing the importance of a factor in medicine (AO6.1)

Level 1: Generalised or simple answer 1-3

e.g. It has been very important because doctors have learnt a lot from treating injured soldiers.

Mark here answers solely using Source F.

Level 2: Developed answer assessing war or another factor 4-6

e.g. The discovery of penicillin was a result of Fleming being horrified by the suffering of the soldiers from infected wounds in the First World War. He looked for a solution, which led to his discovery of penicillin. Without war this would not have happened.

e.g. The source shows war has been important, but chance had been more important. When Fleming was searching for penicillin, he would not have found it without chance. It was chance the dirty petri dishes were left out and that germs floated onto them through an open window.

OR

Balanced simple answer assessing war and another factor

Such answers contain information as above, but this is not developed.

Level 3: Developed answer assessing war and another factor 7-9

Both Level 2 examples in the same answer.

N.B: Mark at the bottom of the level answers which are developed on one side only.

Level 4: As Level 3 but with an explicit supported judgement 10-12

These answers might show the link between factors and/or explain which might be considered the most important.

N.B: Mark at the bottom of the level answers which are developed on one side only.

Question 4

- (a) What can you learn from **Source G** about the methods used to try to stop the plague spreading in London in 1665?
Explain your answer using **Source G and your own knowledge.** (5)

Target: Comprehension and inference from an historical source (AO6.1 and AO6.2)

Level 1: Answer that selects detail from the source 1-2
e.g. People in infected houses were not allowed to leave.

Level 2: Answer that draws a simple inference from the source 3-4
e.g. There seemed to be little that people could do except keep infected people away from healthy people.

Level 3: Answer that sets the source in the context of knowledge 5
e.g. Source G shows only some of the methods used to stop the plague spreading. Samuel Pepys tells us that he smoked tobacco to keep the plague away.

N.B: Knowledge can only be rewarded if a valid reference to the source has been made.

In the assessment grid, 2 out of 5 marks are allocated to Assessment Objective 6.1. This is reflected in the mark scheme with credit given for own knowledge in Level 3.

- (b) Explain **two** reasons why epidemics were still a problem two hundred years later in the nineteenth century. (4 +4)

Target: Understanding causation (AO6.1)

Level 1: Generalised answer 1-2
e.g. Towns and cities were overcrowded.

Level 2: Simple answer 3
e.g. People did not know that cholera was carried in water until Dr Snow's work in 1854. Government believed in laissez-faire. No one was forced to make improvements until the 1875 Public Health Act.

Level 3: Developed answer 4
e.g. People did not know that cholera was carried in water until Dr Snow's work in 1854, so before then people had many different ideas about plagues and epidemics which did not work, such as burning tar in barrels in the streets.

N.B. Mark Scheme to be applied twice.

- (c) Public health had improved in towns and cities by 1900. (12)
Explain how this had happened.
Support your answer with reasons and examples.

Target: Understanding the concept of progress (AO6.1)

Level 1: Generalised answer

1-3

e.g. Acts had been passed to clean up industrial towns and cities.

Level 2: Simple answer

4-6

e.g. The government passed Public Health Acts in 1848 and 1875. These improved conditions in towns and cities. In London the River Thames was no longer used as a sewer.

Level 3: Developed answer

7-9

In 1842 Edwin Chadwick produced a report which made the Government act. It passed a Public Health Act in 1848 which allowed towns and cities to set up boards of health to provide water supplies and sewers. Although the act was ended in 1854, another act in 1875 made such improvements compulsory. Towns and cities had to appoint medical officers of health and sanitary inspectors, so by 1900 towns and cities were becoming healthier places to live.

Level 4: As Level 3 but with an explicit supported judgement

10-12

Such answers might consider the opposition to improvements or explicitly compare the terms or effectiveness of the two acts.

Question 5

- (a) Between 1906 and 1914 the Liberal social reforms were passed to improve the lives of ordinary people. (4+4)
 Explain **two** reasons why these reforms were passed at that time.

Target: Understanding causation (AO6.1)

Level 1: Generalised answer 1-2
 e.g. People were still living in poverty.

Level 2: Simple answer 3
 e.g. Surveys of Booth and Rowntree, shock of Boer War recruits, response to Labour Party, many too poor to pay for doctors.

Level 3: Developed answer 4
 e.g. In the world's greatest country, the surveys of Booth and Rowntree showed that a third of the people lived in poverty. This shocked the government into action to help the poor enjoy a better life and provide healthier recruits for the army.

N.B. Mark scheme to be applied twice.

- (b) In spite of these reforms, many poor people continued to suffer from poor health in the 1930s. (5)
 What can you learn from **Source H** about poverty and poor health in the 1930s?
 Explain your answer using **Source H and your own knowledge**.

Target: Comprehension and inference from an historical source (AO6.1 and AO6.2)

Level 1: Answer that selects detail from the source. 1-2
 e.g. These people did not have a proper house to live in.

Level 2: Answer that draws a simple inference from the source 3-4
 e.g. It is not surprising people living in such conditions were in poor health. This family does not have a proper home.

Level 3: Answer that sets the source in the context of knowledge 5
 e.g. Many people became ill because they lived in the poor conditions shown in Source H. The Liberal social reforms mostly helped people to avoid falling into poverty. They did nothing about bad housing.

N.B: Knowledge can only be rewarded if a valid reference to the source has been made.

In the assessment grid, 2 out of 5 marks are allocated to Assessment Objective 6.1. This is reflected in the mark scheme with credit given for own knowledge in Level 3.

- (c) After the Second World War the Labour government introduced the National Health Service to deal with the problem of poor health. (12)
Did everybody welcome the National Health Service?
Support your answer with reasons and examples.

Target: Understanding an historical response to change (AO6.1)

- Level 1: Generalised answer** 1-3
e.g. The NHS introduced improved medical care so people welcomed it.

OR

Answer that describes some of the measures

e.g. Free treatments and services: doctors, dentists, hospitals, eye tests, prescriptions; non-means tested benefits.

- Level 2: Developed answer agreeing or disagreeing** 4-6
e.g. People welcomed the NHS because it introduced free medical help for all. They received free prescriptions, dental care and false teeth, eye tests and spectacles. Everyone was covered and there was a nationwide system. Doctors treated patients according to need and not according to their ability to pay.
e.g. The BMA and many doctors did not welcome the NHS. They did not like the idea of being told where to work by the government and they were afraid they would lose their income from patients.

OR

Balanced simple answer agreeing and disagreeing

e.g. Such answers contain information as above, but this is not developed.

- Level 3: Developed answer agreeing and disagreeing** 7-9
e.g. Both Level 2 answers in the same answer.
Mark at the bottom of the level answers which are developed on one side only.

- Level 4: As Level 3 but with an explicit supported judgement** 10-12
These answers might additionally consider how the opposition was overcome through the work of Bevan and that 90% of doctors agreed to take part in the NHS in 1948.